

## Application Data Sheet

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	No
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Wheat Variety 26R15
Attorney Docket Number::	1656
Request for Early Publication?::	Yes
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity::	0
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information:**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full capacity
Given Name::	Robert
Middle Name::	Lewis
Family Name::	Clarkson
City of Residence::	Tipton
State or Province of Residence::	IN
Country of Residence::	US

Street of mailing address:: 106 Plumlee  
City of mailing address:: Tipton  
State or Province of mailing address:: IN  
Postal or Zip Code of mailing address:: 46072

**Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Kyle  
Middle Name:: Jay  
Family Name:: Lively  
City of Residence:: Tipton  
State or Province of Residence:: IN  
Country of Residence:: US  
Street of mailing address:: 2894 E 400 S  
City of mailing address:: Tipton  
State or Province of mailing address:: IN  
Postal or Zip Code of mailing address:: 46072

**Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: William  
Middle Name:: Joseph  
Family Name:: Laskar  
City of Residence:: Tipton  
State or Province of Residence:: IN  
Country of Residence:: US

Street of mailing address:: 4081 S 125 W  
City of mailing address:: Tipton  
State or Province of mailing address:: IN  
Postal or Zip Code of mailing address:: 46072

**Applicant Information:**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full capacity  
Given Name:: Gregory  
Middle Name:: Charles  
Family Name:: Marshall  
City of Residence:: Arcadia  
State or Province of Residence:: IN  
Country of Residence:: US  
Street of mailing address:: 81 Point Lane  
City of mailing address:: Arcadia  
State or Province of mailing address:: IN  
Postal or Zip Code of mailing address:: 46030

**Correspondence Information**

Correspondence Customer Number:: 27310

**Representative Information**

Representative Customer Number:: 27310

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::